



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR-05-10085-RCL	
DEFENDANT Hana Al Jader (Defendant)		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Office of the Town Assessor		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Town Hall, First Floor, 730 Massachusetts Avenue, Arlington, MA 02476		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)			
Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-referenced entity via certified mail, return receipt requested.			
JLJ xt 3297			
Signature of Attorney or other Originator requesting service on behalf of Kristina E. Barclay, Assistant U.S. Attorney		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date Oct 23, 2006	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service PLEASE SEE REMARKS SECTION BELOW	Time of Service 1 PM
		Signature, Title and Treasury Agency Mary Lou Callahan	
REMARKS: The above described Order was served by certified mail. A copy of certified mail form 7001 2510 0003 4299 5204 is attached. Mailed on October 27, 2006. Postal records indicate delivery/receipt on October 30, 2006			

TD F 90-22.48 (6/96)


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Track & Confirm

Search Results

Label/Receipt Number: 7001 2510 0003 4299 5204
 Status: Delivered

Your item was delivered at 8:34 am on October 30, 2006 in
 ARLINGTON, MA 02476.

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U.S. Postal Service CERTIFIED MAIL RECEIPT *(Domestic Mail Only; No Insurance Coverage Provided)*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

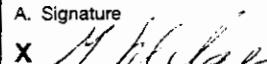
1. Article Addressed to:

Office of the Town Assessor
 Town Hall, 1st Floor
 730 Massachusetts Ave.
 Arlington, MA 02476

CR-05-10085-FCL

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Michael J. Healey

Agent

Address

B. Received by (Printed Name)

C. Date of Delivery

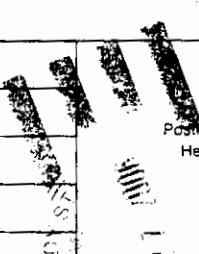
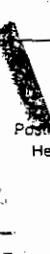
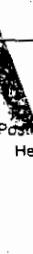
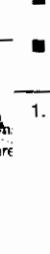
Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

OCT 30 2006

3. Service Type - 024

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Office of the Town Assessor
 Street, Apt. No.
 or PO Box No.
 City, State, ZIP+4 Town Hall 1st Floor
 Arlington, MA 02476

PS Form 3800, January 2001

See Reverse

2. Article Number

(Transfer from service label) 7001 2510 0003 4299 5204

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0